

Medical Provider Toolkit

A Resource for Medical Providers to Prevent Prescription Drug Misuse

April 2014

**PRESCRIPTION
FOR DISCHARGE**
Zero Tolerance. Infinite Risk.

PRESCRIPTION FOR DISCHARGE

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BACKGROUND

In recent years, the rise of prescription drug misuse has put Sailor's lives and missions at risk. As you well know, just one instance of prescription drug misuse can lead a Sailor down a path of addiction, or even death.

The Navy's zero tolerance policy on illicit drug abuse has resulted in an overall steady decline over the past decade. Reports show that illegal drugs such as THC, cocaine and heroin are all on the decline. However, at the same time, the use of prescription drugs is on the rise, increasing the potential for misuse. In the past three years, amphetamine positives have increased 34 percent and oxycodone positives by 23 percent on Navy samples tested for these drugs.

Navy drug use policies explicitly prohibit wrongful use of prescription drugs and require Sailors with legitimate prescriptions to self-report so that they can be validated during the drug testing process. The Navy's drug use policy states:

- Navy members shall never wrongfully possess, distribute or abuse drugs, be in possession of drug abuse paraphernalia, *or be under the unauthorized influence of prescribed drugs.*
- Drug abuse also includes the wrongful use of controlled substance analogues, such as designer drugs, illicit use of anabolic steroids, *and use of prescription and/or over-the-counter drugs and medications.*
- Members shall report all prescription medications received from non-military Medical Treatment Facilities (MTFs) to their chain of command and ensure they are entered into their military health record.
- Members who self-report as positive for prescription drugs as a result of a legitimate prescription medication may be retained on active duty, provided commands submit a request to OPNAV (N170) that explains why the positive urinalysis is not a drug abuse incident.
- Navy's drug abuse policy supersedes any foreign, State, or local ordinance that permits the use, possession, distribution or prescription of a controlled substance.
- *For more information, see [OPNAVINST 5350.4D](#) (04 June 2009)*

ABOUT THE CAMPAIGN

The Navy Alcohol and Drug Abuse Prevention Office, part of the Navy's 21st Century Sailor Office, developed the "Prescription for Discharge" campaign to educate Sailors, Marines and their family members on the safe and proper use of prescription drugs. Medical personnel are the Navy's frontline in this initiative. This Medical Provider Toolkit is meant to provide all Navy Medical personnel with the resources they need to help prevent prescription drug misuse among patients and their family members and caregivers.

Below are some general guidelines to keep in mind when treating and counseling your patients:

- Make sure your patients understand how to properly use and dispose of their prescription medication, including:
 - The dose and duration of the script
 - Who they need to report their prescription to (Medical, Command (during drug testing), etc.)
 - When and where to bring back unused meds
 - Risks of combining medication with alcohol or other drugs (including other prescription drugs)
- Many Sailors think they can take medications leftover from a previous injury or ailment, particularly if there is no expiration date on the prescription label. However, testing positive for drugs that are not currently prescribed can result in separation from the Navy, not to mention serious health risks. It is imperative that Sailors understand this policy and the related risks of abuse at the point of obtaining their original prescription.

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The resources contained in this toolkit are meant to provide you with easily accessible tools to use in your patient interactions. For more information and resources, visit the Prescription for Discharge campaign website at www.nadap.navy.mil. Here you can find additional materials and messages to share with Sailors on how to properly use and dispose of prescription medication, support for prescription drug abuse prevention efforts, and tips on how to identify when a Sailor should seek additional help.

HELP SAILORS USE RX DRUGS RIGHT

Many Sailors don't realize that when they don't dispose of their prescription drugs, they put others at risk. Encourage Sailors and Marines to follow these tips to safely use and dispose of prescription drugs to protect themselves, their career and the people around them.

- 1. Take correctly.**
Follow the doctor's orders and prescription instructions as directed.
- 2. Report promptly.**
Ensure that both Navy Medical and your command are aware of your current prescriptions.
- 3. Dispose properly.**
Place unused meds in small plastic bag with used coffee grounds and throw the bag in the trash. Cross out personal information on your prescription labels.
- 4. Never share.**
Never share your prescriptions with a friend, shipmate, or family member.

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RESOURCES

SAFE PRESCRIBING GUIDELINES

The Clinical Practice Guideline (CPG) for the Management of Opioid Therapy (OT) for Chronic Pain was developed by the Veterans Health Administration (VHA) and the Department of Defense (DoD) based on two directives from the Department of Veterans Affairs (VA).

VHA and DoD define clinical practice guidelines as:

Recommendations for the performance or exclusion of specific procedures or services derived through a rigorous methodological approach that includes:

- Determination of appropriate criteria such as effectiveness, efficacy, population benefit, or patient satisfaction; and
- Literature review to determine the strength of the evidence in relation to these criteria.

The intent of the guidelines is to:

- Promote evidence-based management of individuals with chronic pain
- Identify the critical decision points in management of patients with chronic pain who are candidates for opioid therapy
- Improve patient outcomes (i.e., reduce pain, increase functional status and enhance the quality of life)
- Decrease the incidence of complications
- Allow flexibility so that local policies or procedures, such as those regarding referrals to, or consultation with, substance abuse specialty, can be accommodated

Note: The Clinical Practice Guideline is intended for use only as a tool to assist a clinician/healthcare professional and should not be used to replace clinical judgment.

See Appendix A for main algorithm of the VA/DoD Clinical Practice Guideline for the Management of Opioid Therapy for Chronic Pain.

The full set of guidelines is available at: http://www.healthquality.va.gov/Chronic_Opioid_Therapy_COT.asp

NEW, EVIDENCE-BASED PAIN SCALE

The DoD launched a new Defense and Veterans Pain Rating Scale (DVPRS) to standardize the way we assess pain throughout military the military health care continuum. The scale was validated in 2012 and is now recognized as an improved, evidence-based method for measuring pain among service members.¹ The scale combines broad categories of pain (e.g., mild, moderate, severe) with visual cues (e.g., illustrations of facial expressions, colors), numbers, and descriptive phrases to better define where on the pain scale a patient falls. During validity testing, the word descriptors demonstrated excellent alignment with patients' pain levels.

General recommendations from the VA/DoD on assessing pain include the following:

- Pain intensity should be evaluated at each visit.
- Intensity of pain should be measured using a numeric rating scale (0-10 scale) for each of the following:
 - Current pain

¹ Buckenmaier, Chester C., et al. (8 NOV 2012). Preliminary Validation of the Defense and Veterans Pain Rating Scale (DVPRS) in a Military Population. *Pain Journal*, 14(1). Retrieved from <http://onlinelibrary.wiley.com/doi/10.1111/j.1526-4637.2012.01516.x/abstract>

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- Least pain in last week
 - “Usual” or “average” pain in last week
- The patient’s response to current pain treatments should be assessed using questions such as:
 - “What is your intensity of pain after taking (use of) your current treatment/medication?”
 - “How long does your pain relief last after taking your treatment/medication?”
 - “How does taking your treatment/medication affect your functioning?”
 - *Note: Some interventions may temporarily increase pain, so it may not be appropriate to ask these questions.*
- Other attributes of pain should be assessed as part of the comprehensive pain assessment:
 - Onset and duration, location, radiation, description (quality), aggravating and alleviating factors of pain, behavioral manifestations of pain, and impact of pain
 - Temporal patterns and variations (e.g., diurnal, monthly, seasonal)
 - Current and past treatments for pain
 - Patient’s expectations for pain relief
- If possible, determine the type of pain:
 - Differentiate between nociceptive and neuropathic pain
 - Consider further evaluation if needed (such as imaging, Electro Diagnostic Studies (EDS) or consultation)
 - Ask specifically whether the patient suffers from headache
- Assessment of function, to obtain a baseline, should include:
 - Cognitive function (attention, memory, and concentration)
 - Employment
 - Enjoyment of life
 - Emotional distress (depression and anxiety)
 - Housework, chores, hobbies, and other day to day activities
 - Sleep
 - Mobility
 - Self-care behaviors
 - Sexual function
 - *Note: Consistent evaluation tool is helpful in providing evaluation of response to opioid therapy over time.*
- Information from the pain history and physical exam should be reviewed to ensure that the patient has had an adequate trial of non-opioid therapy.

See Appendix B for the new, evidence-based Defense and Veterans Pain Rating Scale (DVPRS).

SIGNS OF RX DRUG ABUSE

Drug abusers often try to conceal their symptoms or downplay their problem. Look for the following prescription drug misuse warning signs in your patients:

- Seeking prescriptions from more than one doctor (e.g., patient may reference seeing a civilian doctor in addition to a Navy Medicine facility).
- Claiming prescription drugs were lost or stolen
- Continually “losing” prescriptions, so more prescriptions must be written
- Taking higher dosages than prescribed

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- Taking prescription medication more frequently
- Complaining of increased pain and therefore a need for increased dosage

Behavioral Signs of Drug Abuse

Note: These warning signs should be relayed to caregivers and family members as something to watch for if prescription drug abuse is suspected.

- Excessive mood swings or hostility
- Appearing to be unusually energetic or sedated
- Increase or decrease in sleep

Signs of Drug Abuse by Drug Type²

Opioids (e.g., painkillers)	CNS Depressants (e.g., sedatives and anti-anxiety medications)	Stimulants (e.g., ADD/ADHD medications)
<ul style="list-style-type: none">• Constipation• Depression• Low blood pressure• Decreased breathing rate• Confusion• Sweating• Poor coordination	<ul style="list-style-type: none">• Drowsiness• Confusion• Unsteady walking• Poor judgment• Involuntary and rapid movement of the eyeball• Dizziness	<ul style="list-style-type: none">• Weight loss• Agitation• Irritability• Insomnia• High blood pressure• Irregular heartbeat• Restlessness• Impulsive behavior

SCREENING, BRIEF INTERVENTION, AND REFERRAL TO TREATMENT (SBIRT)

According to the Department of Health and Human Services' Centers for Medicaid and Medicare Services, Screening, Brief Intervention, and Referral to Treatment (SBIRT) is an early intervention approach that targets those with nondependent substance use. This approach also provides health care personnel with effective strategies for intervention before the patient reaches the point of needing more extensive or specialized treatment. SBIRT is an alternative to the traditional approach of specialized treatment for individuals with more severe substance use, or those who have met the criteria for diagnosis of a Substance Use Disorder.

According to the National Institutes for Drug Abuse (NIDA), there are three primary reasons why it's important to screen for drug use in general during patient interactions and medical consultations:

- Identify drug users early and briefly educate them about the adverse consequences of continued drug use and available resources for quitting
- Enhance medical care by increasing awareness of the potential impact of substance use on physical health—more specifically, the interaction of substance use with a patient's medical care, including potentially fatal drug interactions
- Improve linkages between primary and secondary health care services and specialty drug and alcohol treatment services

² Mayo Foundation for Medical Education and Research (2014). *Prescription Drug Abuse*. Retrieved from <http://www.mayoclinic.org/diseases-conditions/prescription-drug-abuse/basics/symptoms/CON-20032471>

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NIDA summarizes the SBIRT process with five main steps, known as the “Five A’s”:

- **Ask:** Thoroughly question the patient about past-year and lifetime drug use, including alcohol, tobacco, and other drugs.
- **Advise:** Provide medical advice related to patient’s drug use.
- **Assess:** Determine patient’s readiness to change.
- **Assist:** Offer help based on patient’s readiness level.
- **Arrange:** Refer patient for specialty assessment and/or drug treatment, if necessary.

For a quick and easy-to-use tool designed for use in general medical settings, you can use NIDA’s [Screening For Drug Use In General Medical Settings Quick Reference Guide](#). The Substance Abuse and Mental Health Services Administration (SAMHSA) also provides a helpful [brief of the SBIRT and opportunities for implementation](#), as well as a [full collection of SBIRT tools and resources](#).

THE USE OF A PAIN CONTRACT/TREATMENT AGREEMENT

Every effort should be made to emphasize the importance of a patient’s responsibility to follow their doctor’s orders precisely and manage their pain in a way that does not lead them down the path of addiction or abuse. A pain contract (also known as a treatment agreement) is recommended as a method to prevent prescription drug abuse by keeping a patient on track with their doctor’s orders and engaged in their plan of treatment. This approach includes strict consequences if the patient does not abide by the agreement

According to the VA/DoD Clinical Practice Guideline for the Management of Opioid Therapy for Chronic Pain, this written agreement may include:

- Goals of therapy (e.g., partial relief, improvement in physical, emotional, and/or social functioning, etc.)
- The requirement for a single provider or treatment team (e.g., Navy Medicine)
- The limitation on dose and number of prescribed medications and the prohibition against changing dosage without doctor’s orders (e.g., can discuss the use of “pill counts”)
- A prohibition on use with alcohol, other sedating medications, or illegal medications without discussing with provider
- Agreement not to drive or operate heavy machinery until medication-related drowsiness is cleared
- Responsibility to keep medication safe and secure
- Prohibition of selling, lending, sharing, or giving any medication to others
- Limitation on refills (e.g., only by appointment, in person, and no extra refills for running out early)
- Compliance with all components of overall treatment plan (including consultation and referrals)
- The role of urinalysis and alcohol testing
- Acknowledgement of adverse effects and safety issues such as the risk of dependence and addictive behaviors
- The option of sharing information with family members and other providers, as necessary
- Need for periodic re-evaluation of treatment
- Consequences of non-adherence, including disciplinary action and impact on Navy career

For a [sample of a patient agreement](#) for the treatment of chronic pain with controlled medications (e.g., opioids), you can visit the National Institutes of Health’s U.S. National Library of Medicine and read the article from the *Journal of General Internal Medicine*, “[Long-Term Opioid Contract Use for Chronic Pain Management in Primary Care Practice: A Five Year Experience](#).”

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ALTERNATIVES AND SUPPLEMENTS TO PAIN MANAGEMENT

Because pain medication is one of the most addictive prescription drugs, it is important to know the alternative treatments for pain management. NIDA recommends that physicians screen patients for potential risk factors before prescribing pain medication, such as personal and/or family history of drug abuse or mental illness (see previous section on SBIRT). If there is a family history of substance abuse, addiction, or psychological health concerns, alternative methods of pain management may be considered where appropriate.

The following alternatives to pain management are recommended by the National Institutes of Health:

- Acupuncture
- Massages
- Magnet therapy

The U.S. Centers for Disease Control and Prevention (CDC) reported that users who are prescribed prescription pain medication and use it for more than 90 days are at a higher risk of lifetime use³. If you have a patient who has been on prescription pain medication for more than 90 days, make sure to discuss future treatments and recommend more routine appointments to discuss pain management and alternative therapies (see previous section on Pain Management Contract/Treatment Agreement).

Other strategies recommended by several health organizations, including the Mayo Clinic, are stress management techniques. Reducing stress can be crucial to pain management. Some of these techniques include:

- Practicing yoga
- Exercise
- Relaxation therapy
- Guided imagery

For more information about alternative therapies, you can visit the National Institutes of Health U.S. Library of Medicine's [MedLine Plus page on pain management](#) and scroll down to Alternative Therapy.

CONTINUING MEDICAL EDUCATION

The [Uniformed Services University of the Health Sciences](#) offers military personnel an opportunity to continue their medical education. The university's mission is to train, educate and prepare uniformed services health professionals, officers and leaders to directly support the Military Health System, the National Security and National Defense Strategies of the United States and the readiness of our Armed Forces. The university offers an online [Prescription Medication Misuse Educational Program](#) to provide training to physicians and other healthcare providers on the dangers of prescription medication misuse through online instruction. Courses are listed below.

Courses for all Service Members, Veterans, and Civilians

[The War Back Home](#)



In The War Back Home, online viewers become gamers in two riveting video case studies about prescription medication misuse (PMM) in the military. After selecting a character and scene, participants will begin a journey through multiple scenes and scenarios involving opioid misuse and abuse. Through the journey, participants will learn to differentiate how their actions or inactions can impact the outcome of PMM in an individual.

³ U.S. Centers for Disease Control and Prevention (CDC), 24 October 2012. *Managing Pain with and without Opioids in the Primary Care Setting*. Retrieved from <http://www.cdc.gov/primarycare/materials/opioidabuse/docs/managingpain-508.pdf>.

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Courses for Physicians, Nurse Practitioners, Physician Assistants, Pharmacists, and Nurses

Prescription Medication Misuse Among Service Members: Epidemiology



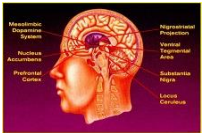
- Define prescription medication misuse (PMM)
- Describe the incidence of prescription medication misuse between military and civilian populations
- Identify the sources for obtaining misused medications
- Accredited for .50 CME/CE

Prescription Medication Misuse: Screening and Mitigation



- Recognize the risk factors and patient risk categories for medication misuse
- Determine which tools to use to screen for medication misuse
- Identify strategies for mitigating a patient's risk for medication misuse
- Describe patient centered drug testing and how it differs from employer directed drug testing
- Accredited for .50 CME/CE

Addiction: Just What Is It?



- Identify the source of diverted or misused prescription medications
- Define such terms as addiction, physical dependence, tolerance and pseudoaddiction
- Describe the basic science of the disease of addiction
- Accredited for 1.0 CME/CE

Do No Harm



- Apply the risk factors for medication misuse
- Stratify patients who are at-risk for medication misuse
- Demonstrate best practices for prescribing medications that may be misused
- Accredited for 1.0 CME/CE

Medication Misuse and Comorbid Disorders



- Discuss which comorbid disorders are frequently found among medication misusers
- Compare the impact of comorbid disorders on medication pain treatment
- Assess how prescription medications can be used to self-medicate
- Accredited for .50 CME/CE

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MOBILE RESOURCES

The DoD National Center for Telehealth & Technology (T2) provides a list of mobile applications developed specifically to assist service members and DoD personnel. The mobile apps in this list can serve as resources to Navy medical providers, Sailors, Marines, and their families to help them maintain a healthy lifestyle.

Mobile Apps By Audience

[Mobile Apps for Providers](#)

[Mobile Apps for Patients](#)

Mobile Apps for Providers

Navy Leaders Guide Mobile App

The Navy Leader's Guide for Managing Sailors in Distress provides information on issues that affect Sailors and guidance on what leaders can, or must, do. Based on the Navy & Marine Corps Public Health Center website of the same name, the Navy Leader's Guide mobile app puts the resources needed to respond to uses affecting Sailors in the palm of your hand.

Apple: <https://itunes.apple.com/hk/app/navy-leaders-guide/id762950101?mt=8&ign-mpt=uo%3D2>

Android: <https://play.google.com/store/apps/details?id=com.t2.navyleadersguide>

Provider Resilience

Provider Resilience gives health care providers tools to guard against burnout and compassion fatigue as they help service members, veterans, and their families.

Android: <https://play.google.com/store/apps/details?id=org.t2.pr&hl=en>

Apple: <https://itunes.apple.com/us/app/provider-resilience/id559806962>

Amazon: http://www.amazon.com/National-Center-for-Telehealth-Technology/dp/B00BOWUVK2/ref=sr_1_1?ie=UTF8&qid=1364397242&sr=8-1&keywords=provider+resilience+app

SAMHSA Treatment Locator

The Substance Abuse and Mental Health Services Administration Treatment Locator app enables patients, family members and professionals to have instant access to reliable information on nearby mental health and substance abuse treatment facilities, including those that provide specialized treatment for patients with opioid drugs.

Apple: <http://itunes.apple.com/us/app/samhsa-treatment-locator/id447851463?mt=8>

Android: N/A

Epocrates

Epocrates provides quick access to reliable drug, disease, and diagnostic information at the point of care. The app features thousands of drug monographs, a drug interaction checker, pill identifier, and health plan formularies.

Apple: <http://itunes.apple.com/us/app/epocrates/id281935788?mt=8>

Android: <https://play.google.com/store/apps/details?id=com.epocrates>

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BioZen

BioZen provide users with live biofeedback data from multiple wearable body sensors covering a range of biophysiological signals, including electroencephalogram, electromyography, galvanic skin response, electrocardiogram, respiratory rate, and temperature biofeedback data, all displayed on the mobile platform.

Apple: N/A

Android: http://t2health.org/sites/default/files/apps/AndroidBioZen_1.7.0.apk

Medscape

Medscape from WebMD is a medical resource with clinical trial information for physicians, medical students, nurses and other health care professionals. The app provides medical news and critical alerts, prescribing and safety information on brand and generic drugs, a drug interaction checker, evidence-based articles, images and videos.

Apple: <http://itunes.apple.com/us/app/medscape/id321367289?mt=8>

Android: <https://play.google.com/store/apps/details?id=com.medscape.android>

First Consult

First Consult features point-of-care information and content from MD Consult, including online access to books, journals, review articles, and evidence-based answers to clinical questions.

Apple: <http://itunes.apple.com/us/app/first-consult/id399677784?mt=8>

Android: N/A

mTBI Pocket Guide

mTBI Pocket Guide serves as a quick reference resource on the treatment and management of patients with mild TBI (mTBI) and related symptoms. The app is designed for use by providers who evaluate and treat patients with suspected mTBI and includes mTBI basics, a summary of the VA/DoD mTBI Clinical Practice Guidelines, and patient education tools.

Apple: <http://itunes.apple.com/us/app/mtbi-pocket-guide/id479348842?mt=8>

Android: <https://play.google.com/store/apps/details?id=org.t2health.mtbi>

Mobile Apps for Patients

TriWest

TriWest allows users to take your TRICARE information with you on the go. You can add your doctor's contact information, learn what to do if you're new to the West Region, find out how your family's health care changes during deployment, and get key points about your TRICARE plan.

Apple: <http://itunes.apple.com/us/app/triwest/id455089501?mt=8>

Android: <https://play.google.com/store/apps/details?id=com.TriWestMobile>

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Express Rx

Express Rx offers access to personalized Express Scripts pharmacy benefit information from a mobile platform. You can sign up to have prescriptions sent to your home, refill prescriptions, check your order status, find a retail pharmacy near you with GPS positioning, and look up drug information, formulary coverage, common uses and possible side effects.

Apple: <http://itunes.apple.com/us/app/express-rx/id412941748?mt=8>

Android: https://play.google.com/store/apps/details?id=com.express_scripts.mobile.member

MyHumana Mobile

MyHumana Mobile is a service that helps Humana members keep track of health-related spending accounts, find a provider, search their claims, and get a summary of their Humana member information on the go.

Apple: N/A

Android: <https://play.google.com/store/apps/details?id=com.rhmobile.myhumana>

My Health Records

My Health Records helps users store and access health care information for all family members. The app allows users to keep track of medical records, appointments, prescriptions, and securely store important medical documents on their mobile device.

Apple: <http://itunes.apple.com/us/app/my-health-records-health-n/id296383182?mt=8>

Android: <https://play.google.com/store/apps/details?id=com.healthnfamily>

LifeArmor

LifeArmor is a comprehensive learning and self-management tool to assist members of the military community with common mental health concerns. LifeArmor is portable and provides information and assistance at the touch of a button.

Apple: <https://itunes.apple.com/us/app/life-armor/id499648341?mt=8&ls=1%22>

Android:

https://play.google.com/store/apps/details?id=org.t2.adcompanion&feature=search_result#?t=W251bGwsMSwxLDEsIm9yZy50Mi5hZGNvbXBhbmVbiJd

Breathe2Relax

Breathe2Relax is a portable stress management tool. Breathe2Relax is a hands-on diaphragmatic breathing exercise. Breathing exercises have been documented to decrease the body's 'fight-or-flight' (stress) response, and help with mood stabilization, anger control, and anxiety management.

Apple: <https://itunes.apple.com/us/app/breathe2relax/id425720246?mt=8>

Android: https://play.google.com/store/apps/details?id=org.t2health.breathe2relax&feature=search_result

T2 Mood Tracker

T2 Mood Tracker is a mobile application that allows users to monitor and track emotional health. Originally developed as a tool for service members to easily record and review their behavior changes, particularly after combat deployments, it has now become popular amongst civilian users as well.

Apple: <https://itunes.apple.com/us/app/t2-mood-tracker/id428373825?mt=8>

Android:

https://play.google.com/store/apps/details?id=com.t2.vas&feature=search_result#?t=W251bGwsMSwyLDEsImNvbS50Mi52YXMiXQ..

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Positive Activity Jackpot

Positive Activity Jackpot uses a professional behavioral health therapy called pleasant event scheduling (PES), which is used to overcome depression and build resilience. This app features augmented reality technology to help users find nearby enjoyable activities and makes suggestions with local options and the ability to invite friends.

Apple: n/a

Android: https://play.google.com/store/apps/details?id=t2.paj&feature=nav_result#?t=W251bGwsMSwyLDNd

Additional applications can be found on the National Center for Telehealth and Technology Mobile Applications page (<http://www.t2.health.mil/products/mobile-apps>).

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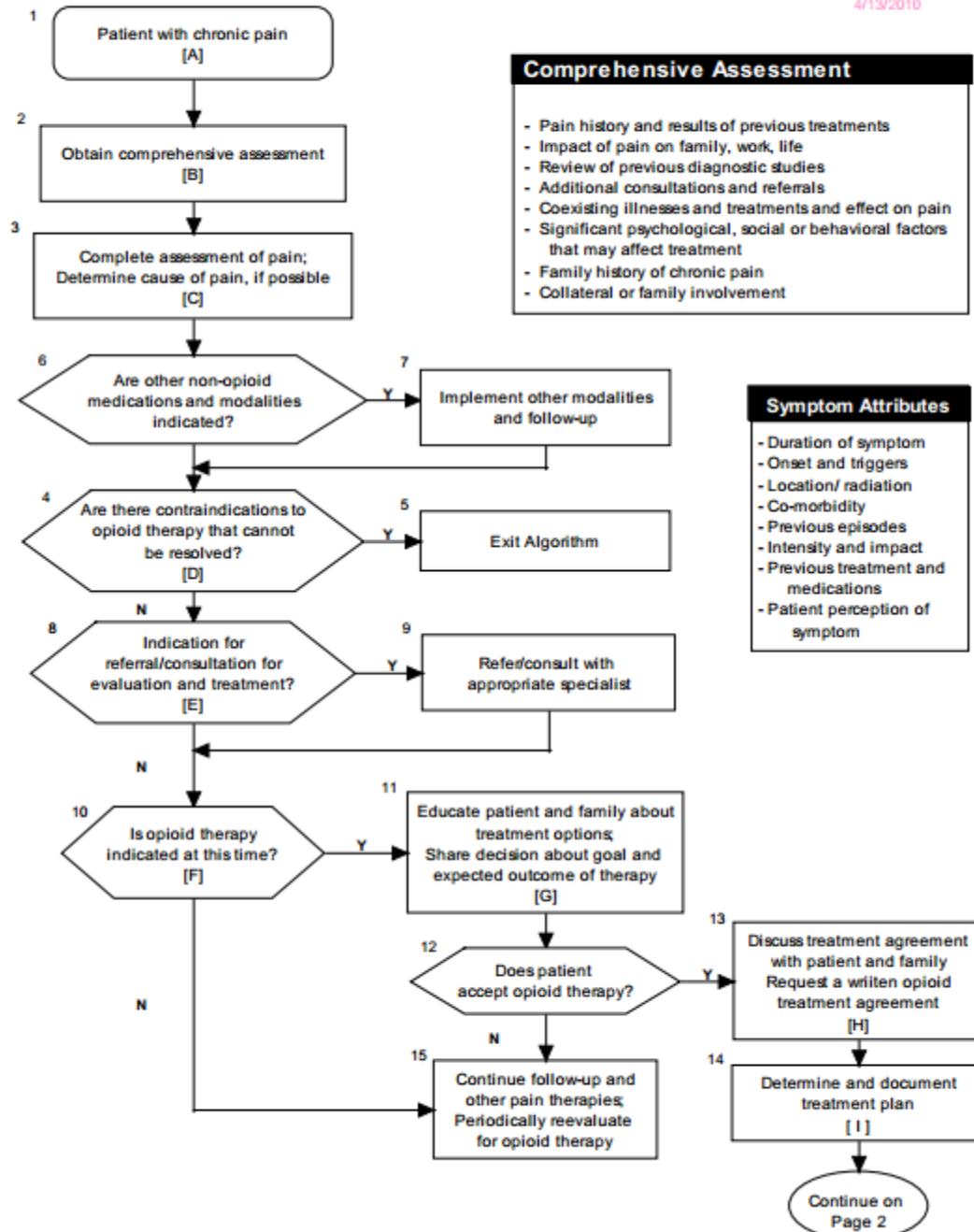
APPENDIX A

VA/DOD CLINICAL PRACTICE GUIDELINE FOR THE MANAGEMENT OF OPIOID THERAPY FOR CHRONIC PAIN

VA/DoD Clinical Practice Guideline for the Management of Opioid Therapy for Chronic Pain

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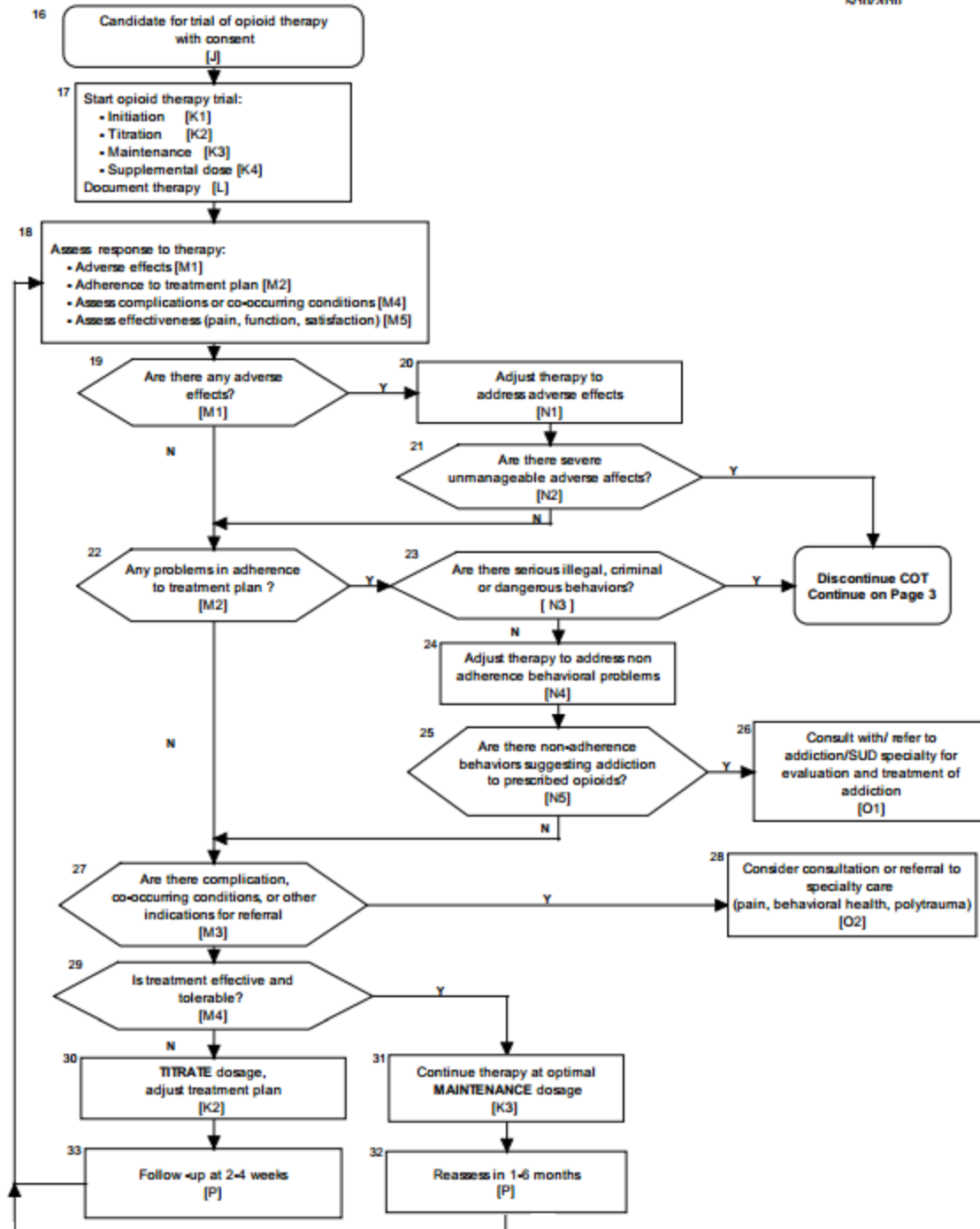


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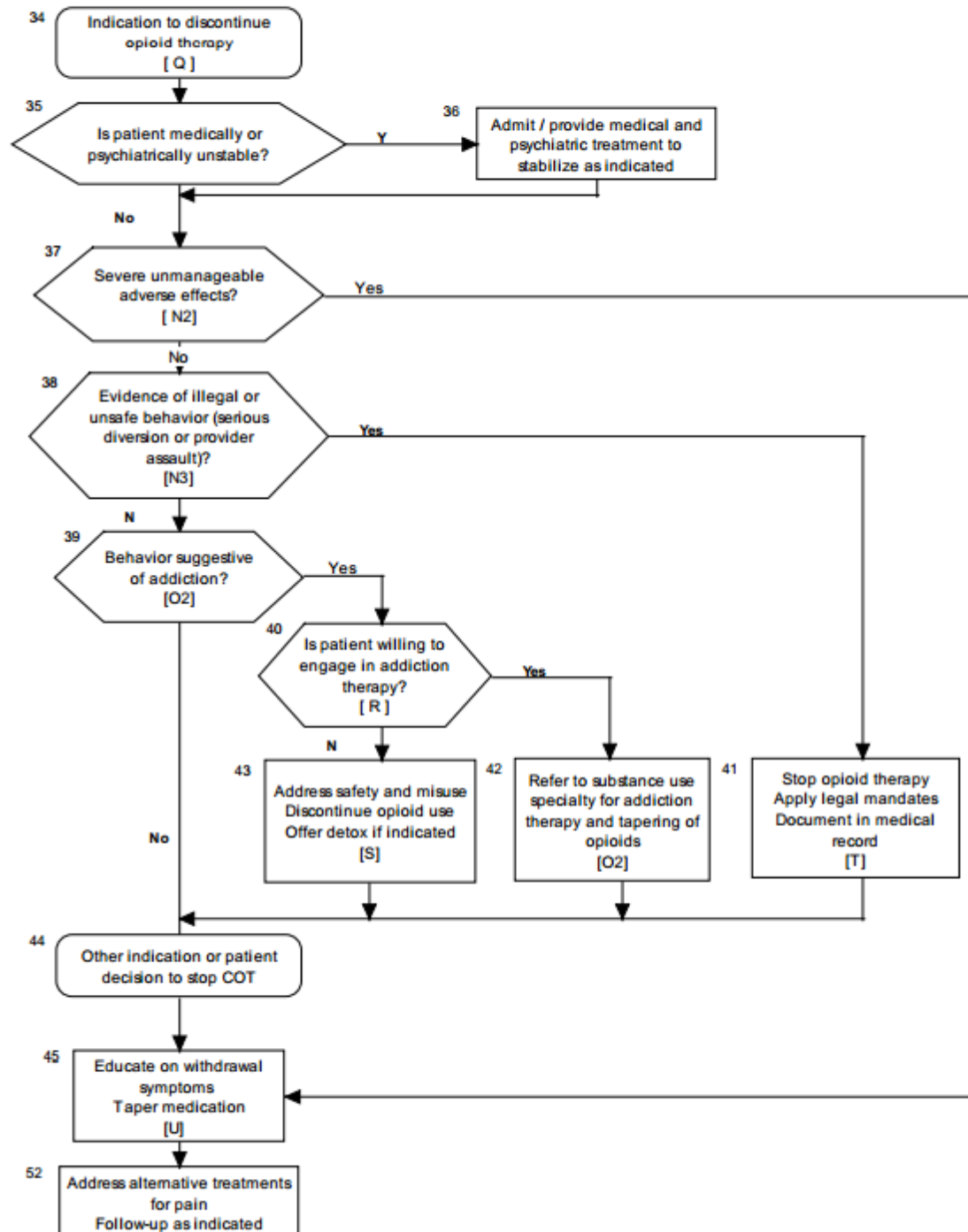


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DEFENSE AND VETERANS PAIN RATING SCALE

Defense and Veterans Pain Rating Scale

